



Greater Rochester IPA Physician Profiling

Lessons Learned

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health care
could look like this™

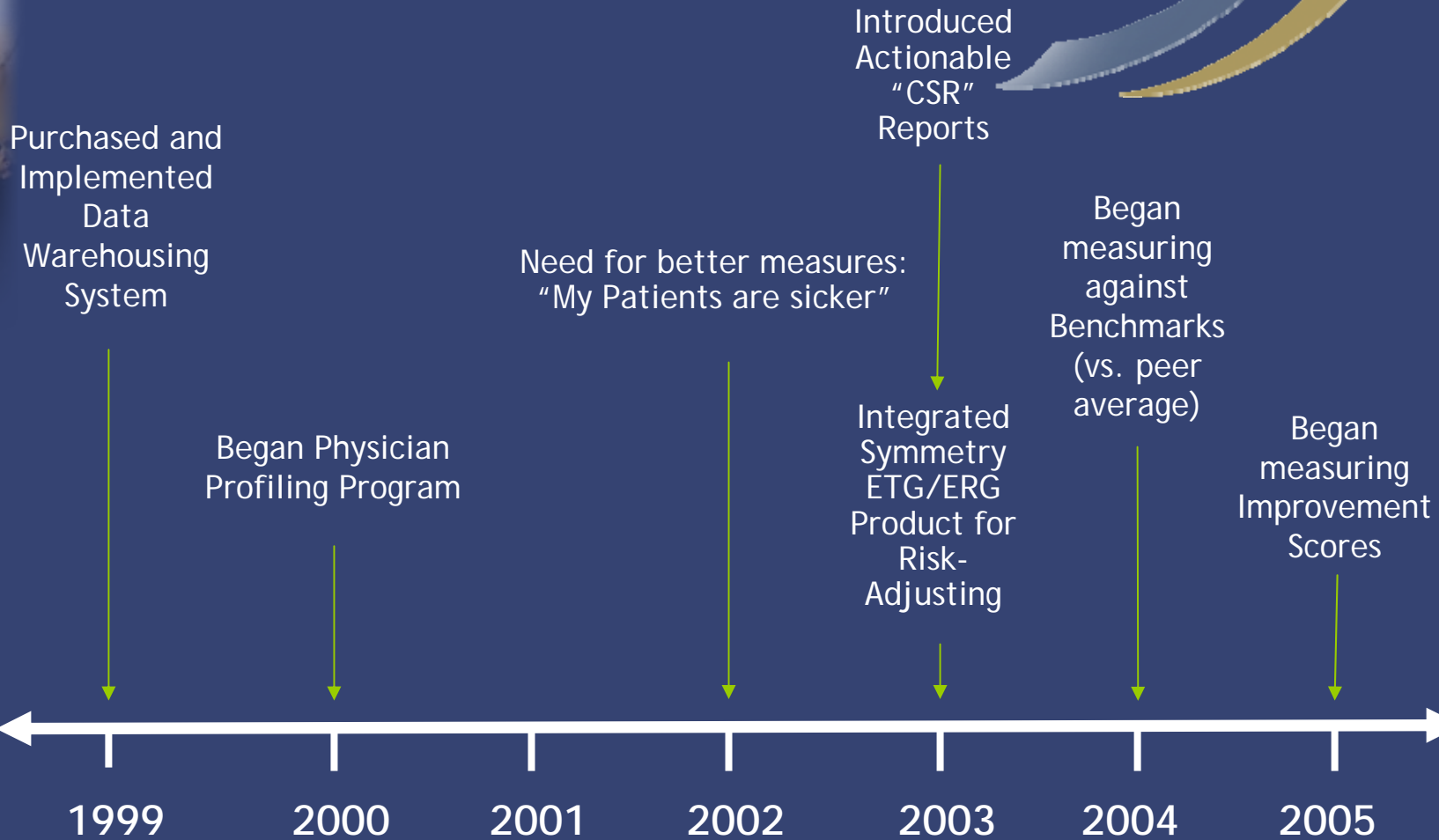
What is GRIPA?

Greater Rochester Independent Practice Assoc.



- 50/50 partnership (PHO) of the ViaHealth hospital system and the physicians organizations formed in 1996 from the medical staffs of ViaHealth hospitals
 - 130 employed & 510 private physicians (240 PCPs; 400 SCPs)
- To negotiate risk contracts with HMO's and to manage risk for its shareholders
 - since 2002 no longer contracts for its hospital owner
- Developed Case/Disease/Utilization Mgmt & "P4P" since 1999
- Full Risk for up to 120,000 lives
 - In 2005 , \$313M in gross revenue
 - up to 70% of member physicians' gross revenue
 - Excellus 1997-2005
 - Preferred Care 1999-
 - WellCare 2006-
- We are a provider organization
 - willing to take risk together
 - not an insurance company

GRIPA's Physician Profiling History



Goals of Physician Profiling



Goals:

- Reward physicians for appropriate care
- Compliance with evidence-based guidelines
- Quality of care
- Efficiency of the network
- Teamwork by network physicians
- An efficient limited-panel network
 - with which payors would want to contract



Pay For Performance Summary



YOUR TOTAL SCORE IS: 97.6

QUALITY	TOTAL SCORE
PATIENT SATISFACTION	15.0
GLYCOHEMOGLOBIN (A1C) TESTS	5.0
LIPID PROFILING (LDL -C): DIABETICS	7.1 *
ANNUAL EYE EXAMS: DIABETES	5.0
DIABETIC PATIENTS VISITS	FYI
MAMMOGRAM (40 -51)	10.0
MAMMOGRAM (52 -69)	10.0
CERVICAL CANCER SCREENING	10.0
LIPID PROFILING (LDL -C): NON -DIABETICS	0.0
APPROPRIATE DRUG TREATMENT	12.0
WELL -CHILD VISIT	9.5 *
PHYSICAL EXAMS FOR ADULTS	FYI
DEXA SCANS	FYI
PATIENTS WITH OSTEOPOROSIS ON APPROPRIATE MEDICATION	FYI

TOTAL QUALITY SCORE 83.6

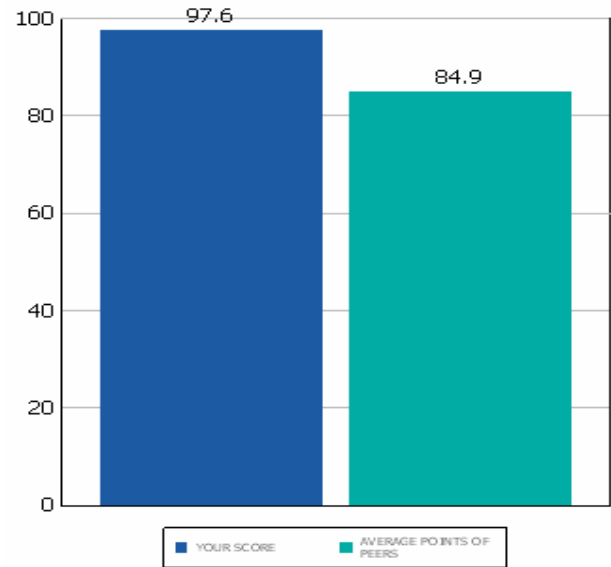
RESOURCE MANAGEMENT	TOTAL SCORE
ED VISIT RATE PER 1000 MEMBERS	11.0
URGENT CARE USE	FYI
OVERALL PER MEMBER PER MONTH (PMPM)	FYI
DISEASE SPECIFIC PMPM: DIABETES	0.0

TOTAL RESOURCE MANAGEMENT SCORE 11.0

BONUS	TOTAL SCORE
REFERRALS TO CM/DM	0.0
CURRENT MEDICAID MEMBERS	3.0

TOTAL BONUS SCORE 3.0

*Due to an insufficient number of eligible members, you will receive the average of your peers.



Your average number of members:

	Total
PC COMMERCIAL	275
PC GOLD	113
VIAHEALTH PLAN	44
Total	432

NEW SCORING METHODOLOGY

- TOTAL SCORE IS THE SUM OF QUALITY AND IMPROVEMENT POINTS
- MEASURES CURRENTLY AT 97% OR ABOVE RECEIVED MAXIMUM POINTS AVAILABLE
- MEASURES WITH INSUFFICIENT DATA RECEIVED THE PEER AVERAGE

QUALITY	SCORE
2 STANDARD DEVIATIONS ABOVE TARGET OR MORE	15
1 STANDARD DEVIATION ABOVE TO 2 STANDARD DEVIATIONS ABOVE	12
OVER TARGET TO 1 STANDARD DEVIATION ABOVE	10
1 STANDARD DEVIATION BELOW TO TARGET	5
MORE THAN 1 STANDARD DEVIATION BELOW TARGET	0

IMPROVEMENT	SCORE
IMPROVEMENT OF OVER 2 STANDARD DEVIATIONS	6
IMPROVEMENT OF 1 TO 2 STANDARD DEVIATIONS	3
LESS THAN 1 STANDARD DEVIATION OF IMPROVEMENT	1
NO IMPROVEMENT	0

Detail Section for Quality Measures

■ Your Current Rate
 ■ Your Previous Rate
 ■ % of Improvement

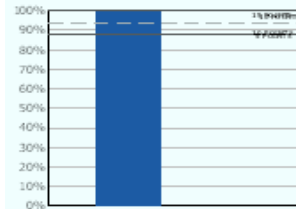
— Minimum Value for 5 Points
 — Minimum Value for 12 Points
— Minimum Value for 10 Points
 — Minimum Value for 15 Points

QUALITY

	YOUR CURRENT RATE	YOUR PREVIOUS RATE	GOAL	GOAL SCORE	IMPROVEMENT SCORE	TOTAL SCORE
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PATIENT SATISFACTION: 33 out of 33 responses were overall satisfied with services provided by the PCP

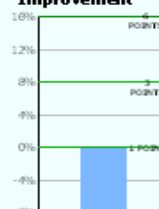
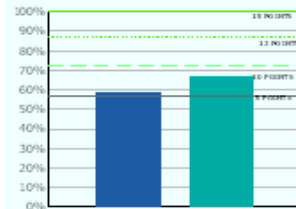
	100%	94%		15.0		15.0 *
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*Full points awarded for superior performance!

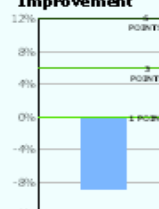
GLYCOHEMOGLOBIN (A1C) TESTS: 10 out of 17 eligible patients received at least 2 A1c tests during the measurement year

	59%	67%	72%	5.0	0.0	5.0
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LIPID PROFILING (LDL-C): DIABETICS: 10 out of 11 eligible patients (18+) received at least 1 LDL-C during the measurement year

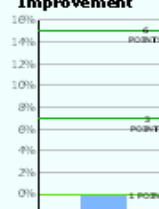
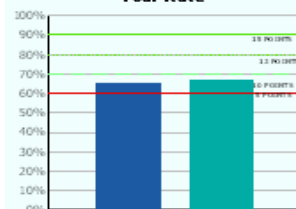
	91%	100%	89%	5.9	0.9	7.1
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Note: Due to an insufficient number of eligible patients, your score is the mean of your peers with a sufficient denominator. The mean goal and improvement scores may not sum up to mean total score due to the adjustment to full score for those physicians over 97%.

ANNUAL EYE EXAMS: DIABETES: 11 out of 17 eligible patients (18+) received an eye exam during the measurement year

	65%	67%	70%	5.0	0.0	5.0
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Physician Detail Performance Report (Cont.)

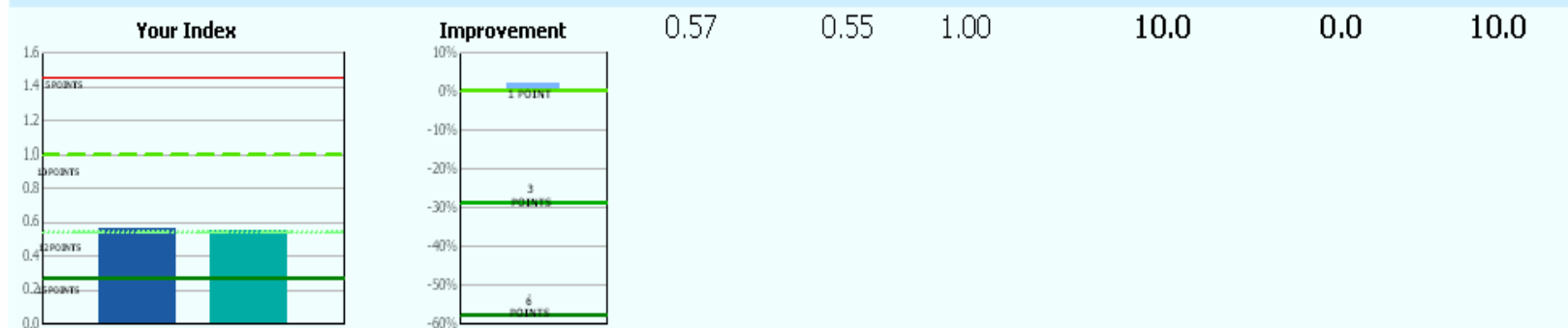
Dr. G.R. IPA

RESOURCE MANAGEMENT

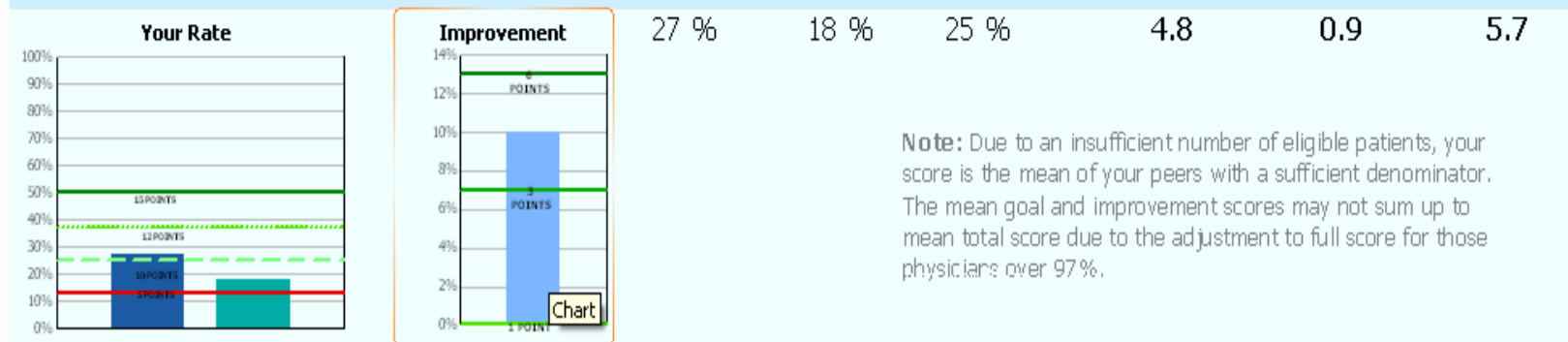
■ Your Current Rate
 ■ Your Previous Rate
 ■ % of Improvement
— Minimum Value for 5 Points
 — Minimum Value for 12 Points
— Minimum Value for 10 Points
 — Minimum Value for 15 Points

	YOUR CURRENT INDEX	YOUR PREVIOUS INDEX	GOAL	GOAL SCORE	IMPROVEMENT SCORE	TOTAL SCORE
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ED RATE: ED VISIT RATE PER 1000 MEMBERS



URGENT CARE USE: 6 out of 22 emergency visits went to an Urgent Care Center/After Hours Office instead of the ED

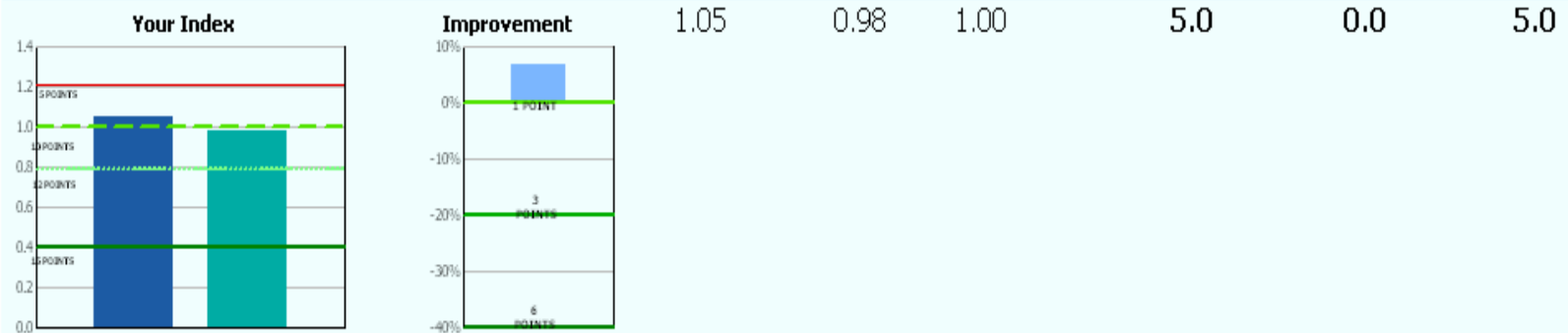


Note: Due to an insufficient number of eligible patients, your score is the mean of your peers with a sufficient denominator. The mean goal and improvement scores may not sum up to mean total score due to the adjustment to full score for those physicians over 97%.

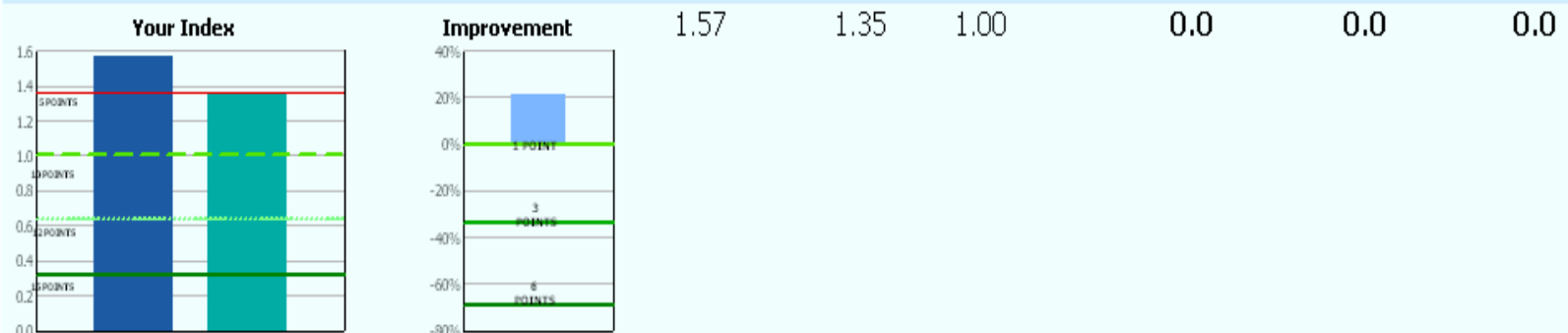
Resource Management Measures Overall and Disease Specific Costs



OVERALL PER MEMBER PER MONTH (PMPM): Overall costs PMPM (Excluding Rx costs)



DISEASE SPECIFIC PMPM: DIABETES: Overall costs for eligible patients



TOTAL RESOURCE MANAGEMENT SCORE: 19.8 0.9 20.7

ETG Resource Management Measure Specialty Specific



YOUR SCORE	MEASURE WEIGHT	YOUR POINTS
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Clinical Resources

C1 Episode Treatment Group:

100	0.10	10.0
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ETG	Description	# of Cases	Your Avg Cost	Your Expected Cost (Risk Adjusted)
0612	Complicated pregnancy, delivery with C-section	35	\$ 8,030	\$ 8,840
0613	Complicated pregnancy, delivery w/o C-section	79	\$ 5,900	\$ 6,207
0617	Other condition during pregnancy, delivery w/o C-section	20	\$ 5,133	\$ 4,894
0646	Benign neoplasm of the female genital tract, with surgery	40	\$ 5,688	\$ 6,303
0647	Benign neoplasm of the female genital tract, w/o surgery	198	\$ 527	\$ 670
0649	Conditions associated with menstruation, w/o surgery	281	\$ 282	\$ 285

Your Clinical Resources Points:	10.0
Average Clinical Resources Points of Peers:	8.9

Engaging Physicians



MD Focus Groups

- ◆ Get ideas about new measures before they are released on a report

New Measures don't count

- ◆ FYI when 1st on a report, to allow feedback
- ◆ Scored on subsequent reports

Semi-Annual 'Town' meetings, by specialty

- ◆ Discuss new measures
- ◆ Brainstorm ideas for improvement
 - Clinical Services Report

Case/Disease Mgmt staff works with physicians

Clinical Services Report (CSR)



- Sent to each physician 3 months prior to Performance Report end date
- Allow physician to correct data by sending us corrections (wrong diagnoses, not my patient, etc.)
- Improve score on upcoming Physician Profiling report
- Improve care of patients by having actionable data

Clinical Service Report



Clinical Services Report ©

This report lists your patients who may need one or more of the following services projected through September 2004.

Dr. Guy R. Ipa
Internal Medicine

KEY: * * indicates patient needs specified test/services.

Notes: If appropriate, please mark a checkbox to indicate if the patient is not on your panel, refuses service, or should be referred to Case Management (CM) for diabetes.

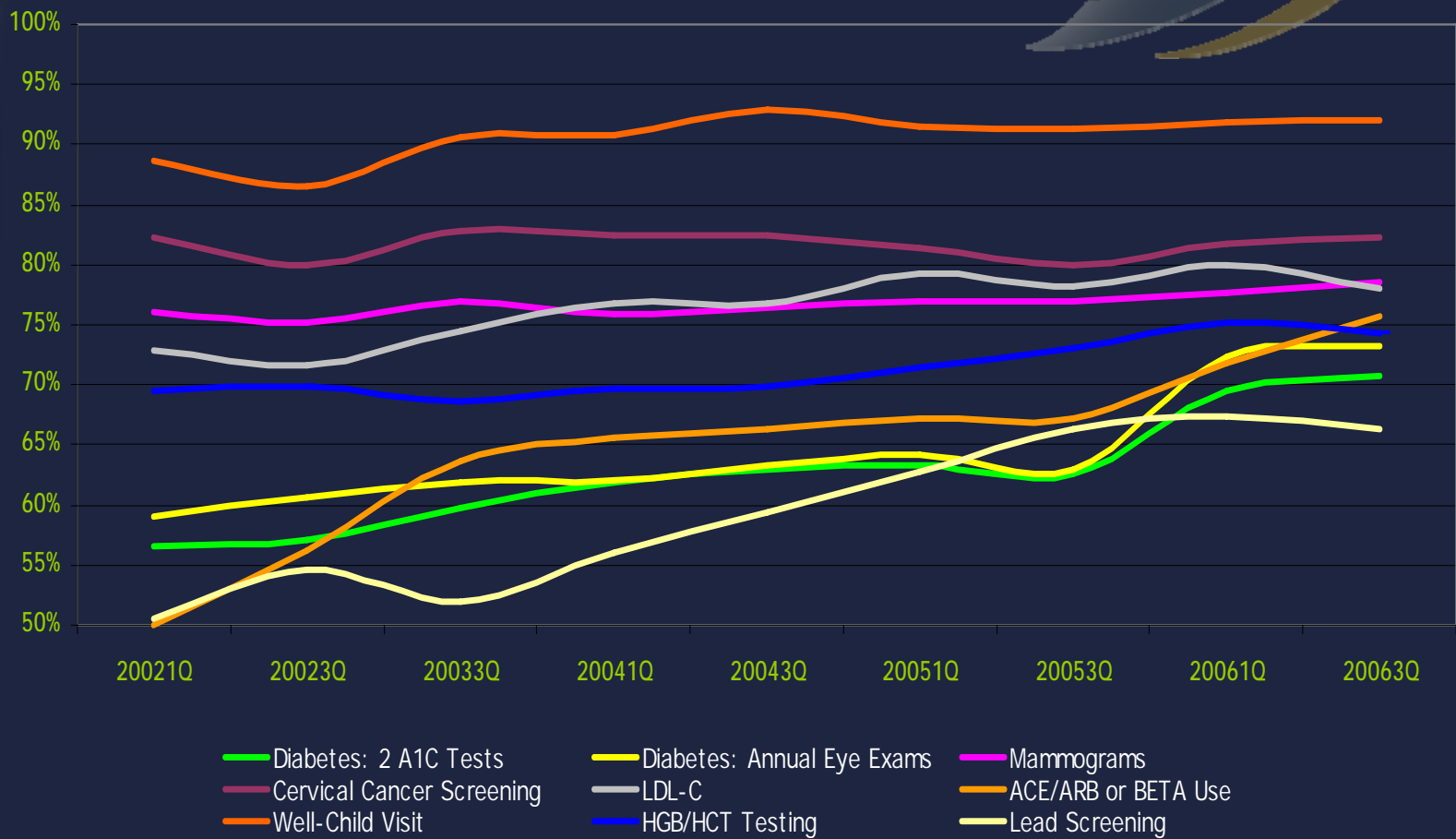
Not My Patient	Patient Name	Patient ID	DOB	Mammogram		Pap Test		Diabetic Management							
					Refuses Service		Refuses Service	LDL-C	A1C	Retinal Eye Exams	ACE/ARB Use	Not Diabetic	Refer to CM		
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Report Contact: Dr. David Epstein, e-mail: david.epstein@vish.health.org Please return this form to GRIPA Network Services: 60 Carlson Rd, Rochester NY 14610 or fax (585) 922-0016
phone: (585) 922-1526 This document has been prepared for the intended use specified. Further release of this information is prohibited.
Please destroy this document upon completion of intended purpose.

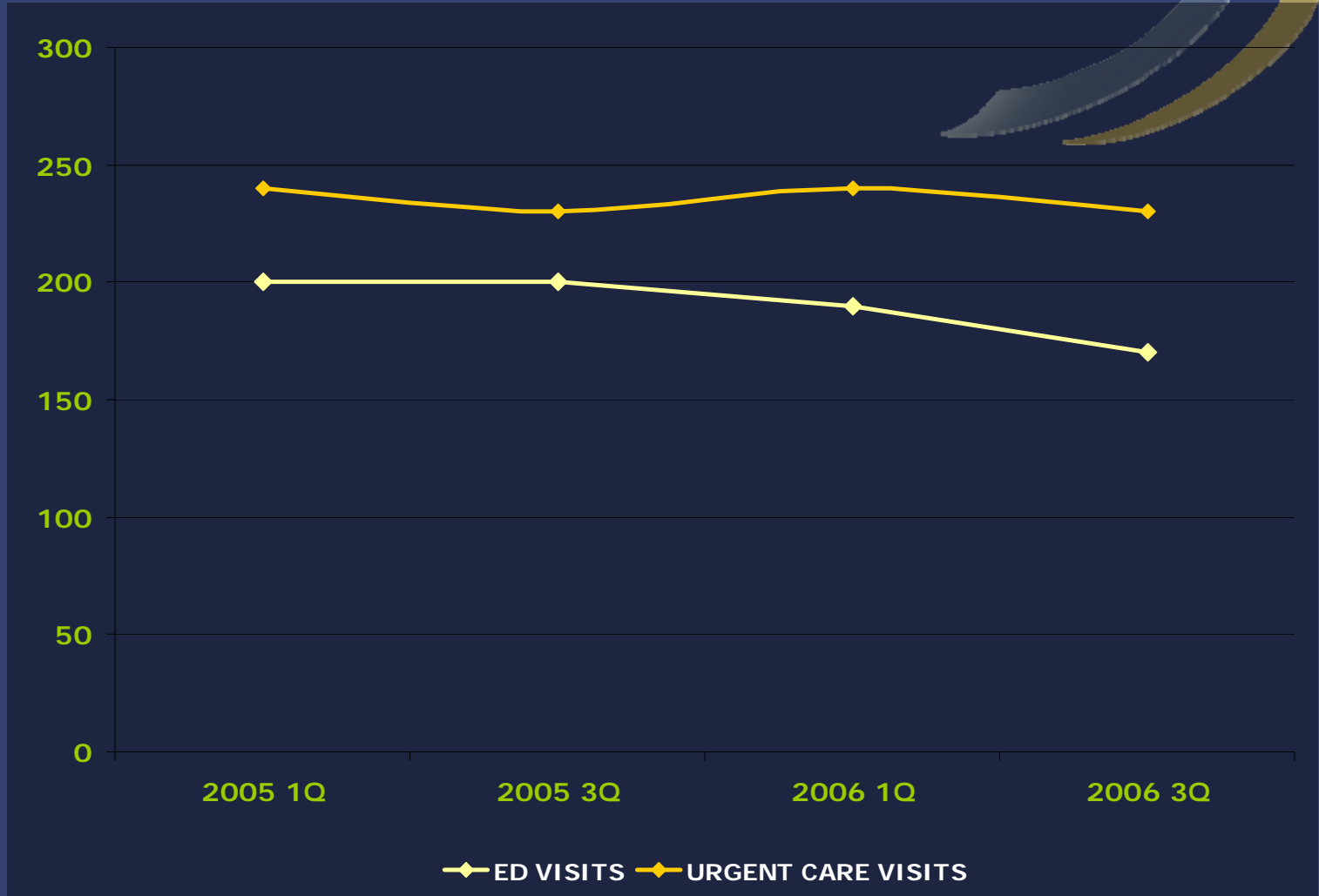


Results of GRIPA's Physician Profiling

Quality Measures Over Time



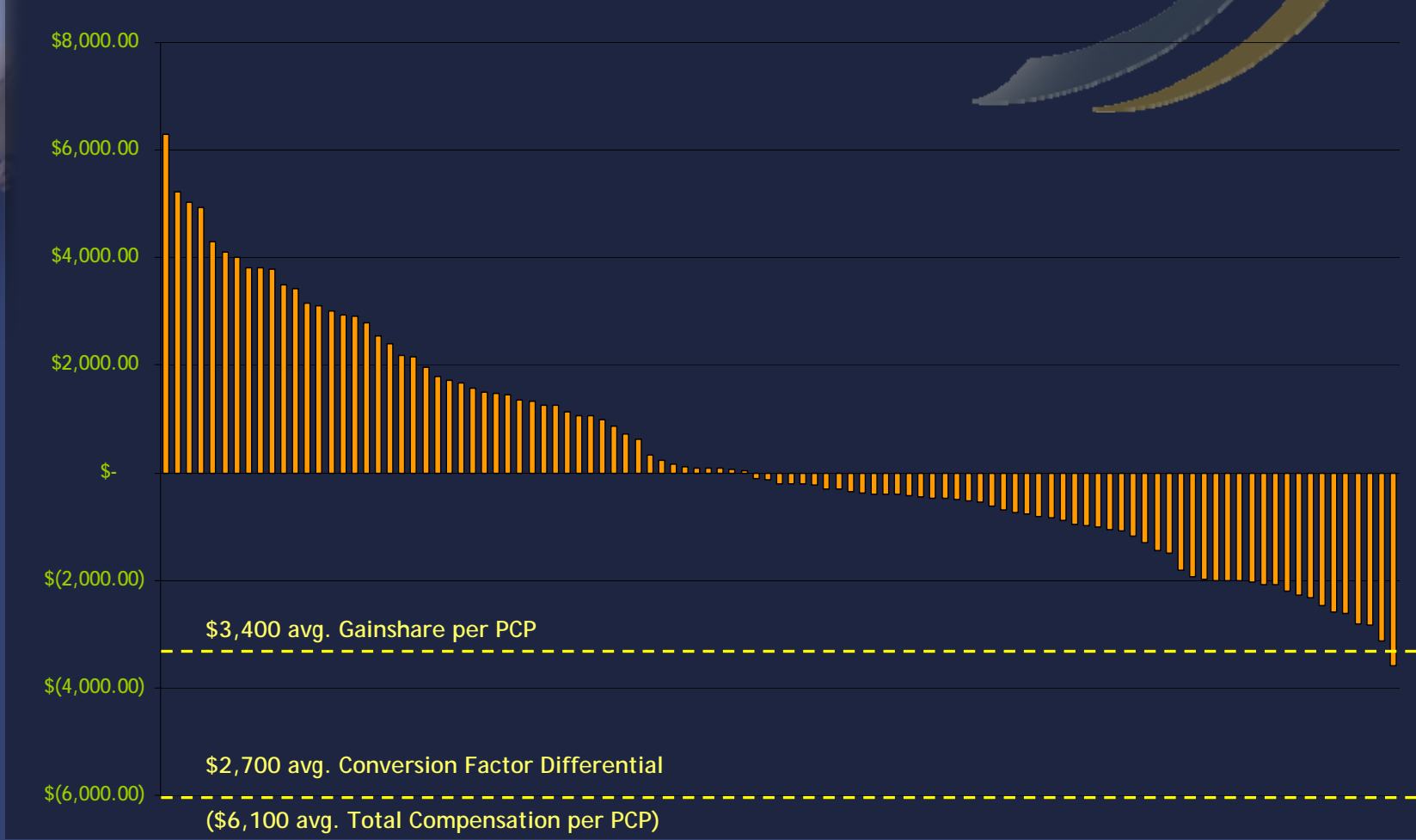
Rates/1000 of ED and UC measures



Financial Incentives for Physician Profiling



(\$)Withhold Affected by PCP Profiling Reports for Claims incurred in 2006, paid in 2006

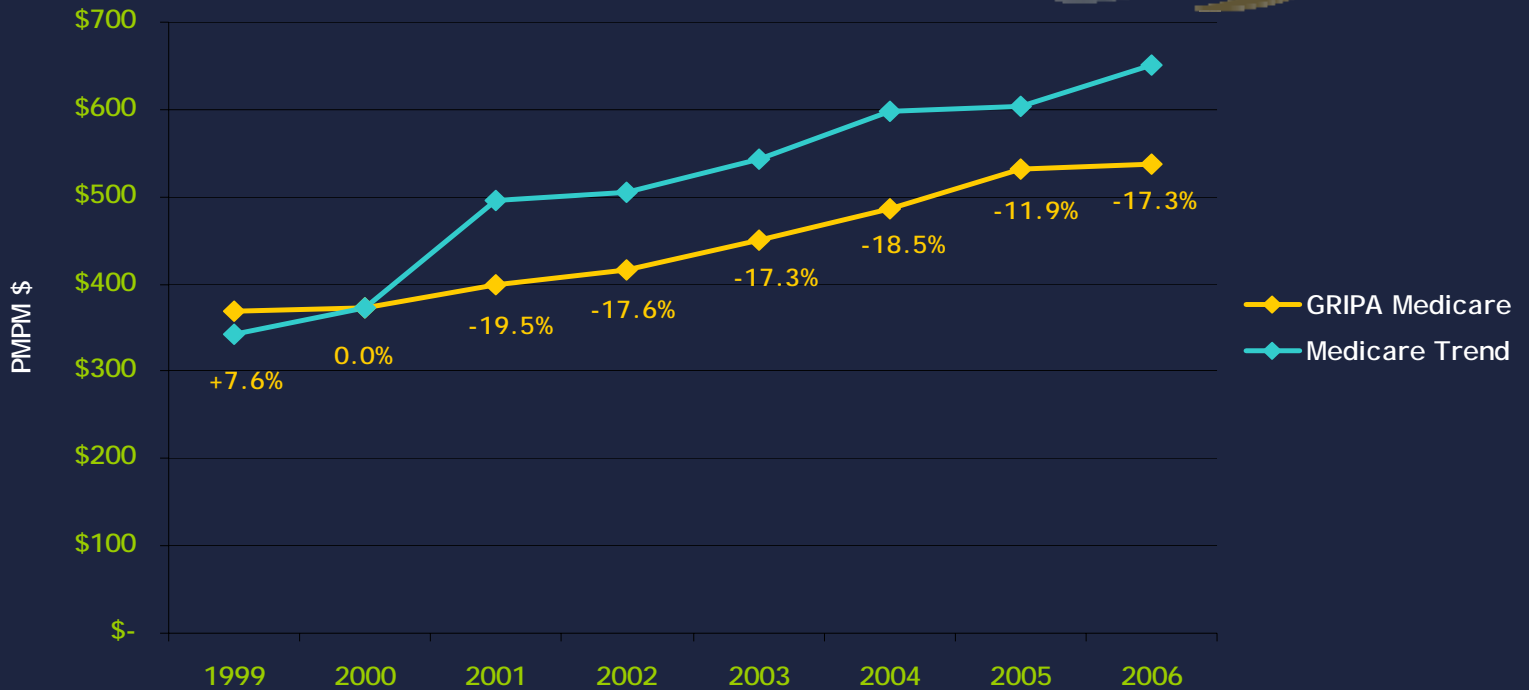


PCPs

GRIPA Total Medical Expenses vs Community Trends - Medicare



GRIPA Total Medical Expense vs Community Trends
(% above/below community)



Community from NAIC filings, GRIPA from actual paid claims. Not risk-adjusted.

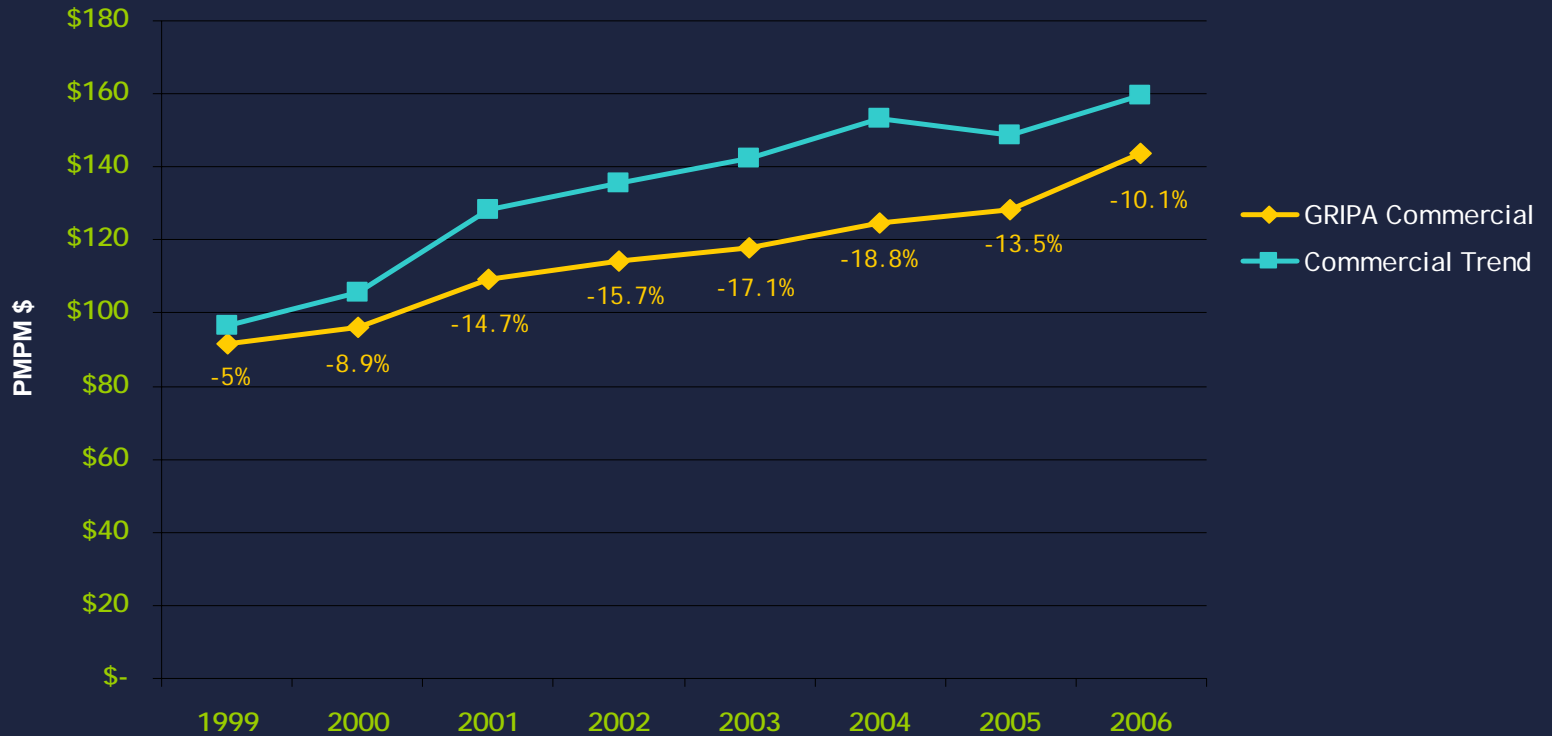
Pharmacy expenses excluded.

GRIPA Total Medical Expenses vs Community Trends

- Commercial



GRIPA Total Medical Expense vs Community Trends
(% above/below community)



Community from NAIC filings, GRIPA from actual paid claims. Not risk-adjusted.

Pharmacy expenses excluded.

Measuring Success of Physician Profiling - Goals achieved?



- Yes
 - ◆ Higher compensation to our physicians
 - ◆ Conversion factor, withhold return, gain-share
 - ◆ Increased rates on quality measures
 - ◆ Lower trajectory of cost increases
 - ◆ Teamwork by network physicians and IPA staff
- Not yet
 - ◆ Market acceptance of limited-panel network
 - ◆ Payor recognition of our value

Lessons Learned



- Financial incentives work
- Make incentives large enough to attract attention
- Get physicians involved early to improve buy-in
- Mix of quality and efficiency measures to balance the scorecard
 - ◆ Physicians are reluctant to consider efficiency measures unless balanced by quality measures
- Provide pro-active, actionable tools
- Allow physicians ability to correct their data
 - ◆ billing data from payors is less-than perfect and not sufficient for clinical measurement systems
- Measure at physician level only if they have a sufficient sample size
- Risk adjust using a national model

Lessons Learned (cont'd)



- Start with a program for PCPs
 - ◆ Preventive care and evidence-based guidelines
 - ◆ Assignment of responsible provider
 - ◆ Automatic for PCP's under risk
 - ◆ Control referral process
 - ◆ willing to take responsibility for care provided by specialists they refer to
- More difficult to implement a Specialist program
- Profiling of individual physicians is probably best kept private we also use by IPA staff to target CM/DM opportunities
- Panel-level profiling useful in contracting (and could be public)
- May be easier to implement a program at the local level, "close to home" using local standards and agreed-upon measures
- Potential unintended consequences
 - ◆ Confusion at local level as national measure sets come into use
 - ◆ Performance to the test, "gaming the system"

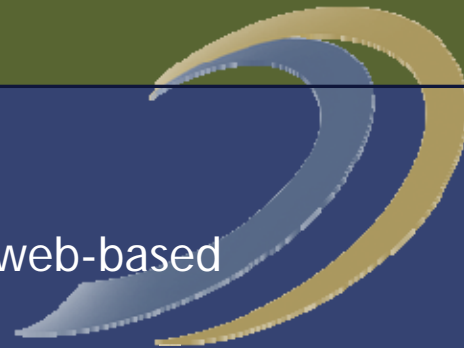


Where is GRIPA going from here?

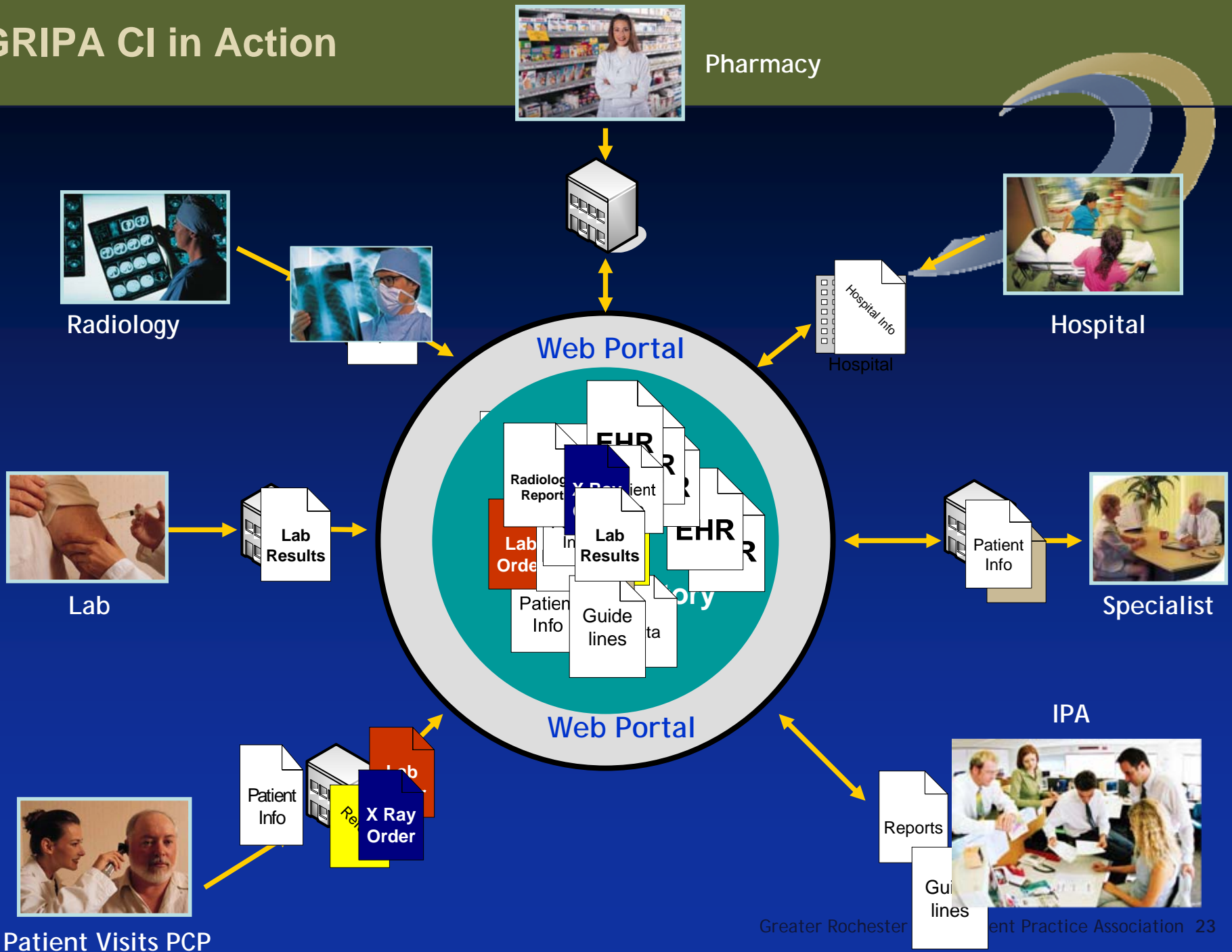
“EMR – Lite”

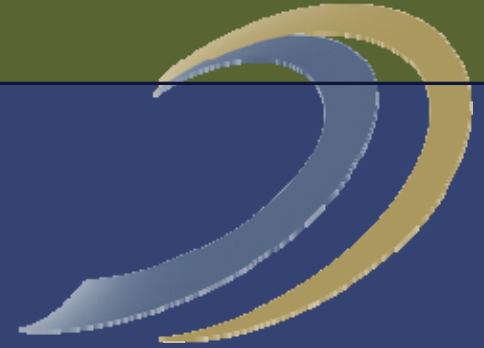


- Connect all our physicians' offices to a secure web-based data repository
- Collate data from all local sources: labs, x-ray offices, hospitals, case managers, payors, practice management systems, EMRs
- Create “Personal” Electronic Health Record on a secure web portal
 - ◆ Patient level data including alerts and preventive care reminders available at the time of care



GRIPA CI in Action





Questions?

Checkout our website
www.gripa.org